

Westminster Parks & Recreation Summer Program 2015

Camper's Information

Last Name: _____ Grade your child is going into next yr _____

Camper #1: First Name: _____ Birth Date: _____ Age: _____

Camper #2: First Name: _____ Birth Date: _____ Age: _____

Camper #3: First Name: _____ Birth Date: _____ Age: _____

Home # _____ Address: _____, Westminster, 01473

Parent/Legal Guardian Information

***EMAIL ADDRESS:** _____

Name: _____ Relationship: _____

Address: _____ (if different) Work #: _____ Cell #: _____

Picking Child Up

Name: _____ Relationship: _____

Alt. Pickup Person: _____ Relationship: _____

Emergency Contact Information

Name: _____ Phone #: _____ Relation: _____

Alt. Emergency Name: _____ Phone #: _____ Relation: _____

Allergies/Medical Conditions – PLEASE LIST:

Bike Riding

My child has my permission to ride his/her bike to and from the Parks & Recreation Summer Program. On these days, my child will need to arrive at the school promptly:

(A) Session I - at 9:00AM and leave immediately at 12:00PM

I understand that if my child is late, he/she may forfeit their spot for the day. The bike will be the responsibility of the child.

Print Name: _____

Date: _____

Signed: _____